-980 (RAISMITTLIFIER)	303
TO: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Absolute Services, Inc. (Name of corporation - must include suffix)	
	0023973438 -01/12/9801116009 *****70.00 *****70.00
The enclosed "Application by Foreign Corporation for Authorization to TransFlorida", "Certificate of Existence", and check are submitted to register the alforeign corporation to transact business in Florida.	sact Business in bove referenced
Please return all correspondence concerning this matter to the following:	
Wendy Crawford, CPA (Name of Person)	₩98-783 
Absolute Services Inc. (Firm/Company)	JAN 20
PO BOX THAN (Address)	
1	A

Should you need to call someone concerning this matter, please call:

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 13, 1998

WENDY CRAWFORD, CPA ABSOLUTE SERVICES, INC. PO BOX 7444 WARNER ROBINS, GA 31095

SUBJECT: ABSOLUTE SERVICES, INC.

Ref. Number: W98000000783

We have received your document for ABSOLUTE SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6093.

Letter Number: 498A00001826

Freta Lott Corporate Specialist Supervisor



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

### RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Stephen Douison, do hereby certify	
that this Resolution of the Board of Directors of Absolute Services	ruc,
a corporation duly organized and existing under the laws of the State of Georgia, was duly adopted on 197.	-
Resolved, that Hosolute Services, Inc. jorganized and existing in the State of Georgia, hereby adopts the name Absolute Merchandising Inc.	ST NO.
for use in Florida.	
Dated:	

INHS19(3/95)

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Absolute Services,	(Toc.
1. Aboute Serves (Name of corporation: must include the word "INCORPORATE words or abbreviations of like import in language as will clearly natural person or partnership if not so contained in the name a	ED", "COMPANY", "CORPORATION" or y indicate that it is a corporation instead of a tt present.)
^ · · · · · · · · · · · · · · · · · · ·	58-2278550 (FEI number, if applicable)
4	(Duration: Year corp. will cease to exist or "perpetual")
6. Maa RT (Date first transacted business in Florida. (SEE SECTIONS 60	
7. POBOX 14/44	
Warner Robins, GA 3100 (Current mailing add	Ress)
8. Demo + Merchandising Ser (Purpose(s) of corporation authorized in home state or country	54 5 7
9. Name and street address of Florida registered agen acceptable)	nt: (P.O. Box or Mail Drop Box NOT
Name: WILLIAM GUTHE	<u>E</u>
Office Address: 22310 KETTLE (	REEK WAY
BOCA RATON	, Florida , 33428 (Zip Code)
10. Registered agent's acceptance:	(Zip Code)
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. I furtiall statutes relative to the proper and complete perform and accept the obligations of my position as registered a	ion, I hereby accept the appointment as ther agree to comply with the provisions of tance of my duties, and I am familiar with

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: Vice Chairman: Address: Director: Address: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
Suite 315, West Tomer
2 Martin Tuther King Ir. Ar.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 972890109 CONTROL NUMBER : 9703924 DATE INC/AUTH/FILED: 01/21/1997 JURISDICTION : GEORGIA PRINT DATE : 10/16/1997

FORM NUMBER : 211

ABSOLUTE SERVICES, INC. ATTN: WENDY 2954 MOODY ROAD BONAIRE GA 31005 98 JAN 20 AM ID: 00
SECRE DUNY OF STATE
ALLAHASSEE, FLOXID.

#### CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## ABSOLUTE SERVICES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Jewis a. Massey

LEWIS A. MASSEY

SECRETARY OF STATE

